



City of Fulshear

P.O. Box 279/ 30603 FM 1093

Fulshear, TX 77441

Phone: 281.346.8860 Fax: 281.346.8237

HVAC Permit Application

Date of application: _____

Type of construction: New Install ___ Replace: ___ Alteration: ___ Occupancy Use: Residential: ___ Commercial: ___

Permit Fee Residential- \$95.00 Commercial- \$300.00

Project Address: _____

Lot: _____ Block: _____ Subdivision: _____ County: _____

Property Owner: _____

Owner's Address/City/State/ZIP: _____

Owner's Phone Number: _____

Contractor's Name: _____

Address/City/State/ZIP _____

The following information must be completed upon application:

Brand of Unit(s): _____ ****Value of Work: _____

Ton of Unit(s): _____

Cooling Capacity: Electric/Gas BTUs: _____

Heating Capacity: Electric/Gas BTUs: _____

- Work must be started within 90 days of permit issuance date or such permit will be null and void.
- This application must be accompanied by the required documents required by City Ordinance prior to starting construction.
- Work without a permit posted could result in additional fees; for work performed without a permit, contractor will be assessed a \$350.00 fine plus the cost of the permit.
- Re-Inspection fees must be paid prior to re-inspection at a cost of \$60.00
- This application is non-transferable and expires in 90 days.

I HEREBY ACCEPT ALL CONDITIONS SET ABOVE AND CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE.

Applicant Original Signature _____ Printed Name _____

Approved By: _____ Date: _____